2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092318

FILED Jun 18, 2009 Secretary of State

Entity Name: GULF COAST ORTHOTICS & PROSTHETICS CENTER, LLC

New Principal Place of Business: Current Principal Place of Business: 1203 JACARANDA BLVD. VENICE, FL 34292 FL **Current Mailing Address: New Mailing Address:** 1203 JACARANDA BLVD. VENICE, FL 34292 FEI Number: 26-0868757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODERIQUES, KEITH A PRIDEMORE & ASSOCIATES CPAS PA 1201 JACARANDA BLVD. 229 TAMIAMI TRAIL S **SUITE 1203** SUITE 1 VENICE, FL 34285 US VENICE, FL 34292 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SANDRA K PRIDEMORE CPA 06/18/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RODERIQUES, KEITH A Name: Address:

Name: Address: 1203 JACARANDA BLVD. City-St-Zip: VENICE, FL 34292 FL

Title: MGR () Delete

RODERIQUES, LILLIANE M Name: Address: 1203 JACARANDA BLVD. City-St-Zip: VENICE, FL 34292 FL

Title: Name: Address:

() Change () Addition

City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LILLIANE RODERIQUES 06/18/2009